

I-Decisions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Jul/10/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Trazodone 150mg daily, Lumbar Spine

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

M.D., Board Certified Anesthesiologist; Board Certified Pain Medicine

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

- ☒ Upheld (Agree)
- ☐ Overturned (Disagree)
- ☐ Partially Overturned (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute. The reviewer finds that medical necessity does not exist for Trazodone 150mg daily, Lumbar Spine.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines
Request for IRO 06/19/12
Utilization review determination 05/07/12
Utilization review determination 05/24/12
Clinical records Dr. 01/31/05-10/17/05
Letter Dr. 07/20/06
Clinical records Dr. Miles Day 02/16/07-06/12/12
Letter Dr. 07/30/07-05/16/12
RME 06/13/08
Psychiatric evaluation 07/16/09
IME Dr. 03/18/11

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a female who is reported to have a date of injury of xx/xx/xx. She was struck by an oxygen concentrator, which hit the inside of her knee. Per a required medical evaluation, she reported that the concentrator struck her in the left knee in the lateral side. She was diagnosed with complex regional pain syndrome. She has undergone extensive conservative management which included a left peripheral nerve stimulator lead placement trial, exploration of the saphenous vein neuroplasty and neurolysis on 07/01/04, manipulation of the left knee under anesthesia and later implantation of peripheral nerve stimulator in the left thigh, additional manipulations of the knee, and revision of the battery placement in the left thigh on 08/30/04. She has also had selective nerve root blocks, femoral nerve root

blocks, and a spinal cord stimulator trial on 05/06/10. Per the IME dated 03/18/11, the claimant underwent sympathetic blocks, which were of no benefit. She later was reported to have inguinal neuralgia and underwent injections and indwelling catheters. She has been treated with large doses of narcotics over the years. Dr. notes multiple inconsistencies in the claimant's clinical presentation. She refused to have the knee examined. Dr. notes that the claimant reports constant pain in the left leg that radiates to the foot as well as an aching and burning pain in the right calf. Her pain is reported to be made worse by touch, cold, hot, weight, clothes, covers, and the sun. She reports that meds decrease her pain a little as long as she does nothing. She reports her current pain level to be 9/10. She reports pain with weight bearing. She walks with a straight knee. She reports no popping or grinding. There is stiffness with sitting. She has a long incision from the dorsal medial thigh to the level of the tibial tuberosity medially.

There is a surgical scar on lateral thigh. Physical examination could not be performed of left knee as the examinee would not allow this. Right knee range of motion is 0-150 degrees. Muscle strength was not tested. She has mild left thigh and calf atrophy. He notes current treatment is medical maintenance. She is noted to be on high dose narcotics. He notes the American Pain Society and ODG guidelines do not support opioid therapy unless there is significant pain relief leading to improved quality of life. He further notes Trazodone is not recommended for chronic pain but tricyclic antidepressants are recommended. He subsequently notes if not contraindicated Elavil and Nortriptyline may be used. He recommended weaning of Trazodone over period of 10 days. The record contains a letter of appeal dated 05/16/12 in which Dr. notes the claimant is being prescribed Trazodone for depression and to help with centralized chronic pain. It is proven to be efficacious for her in these regards. She is noted to have been stable on this regimen since starting it over 6 years ago. On physical examination dated 06/12/12 she is noted to have mild pain and distress. She is unable to bend her knees and reported to have left sacral hip tenderness. Her incisions are healed. She has 1+ left lower extremity edema. She is reported to have 3/5 weakness in left lower extremity. She has diagnosis of CRPS I in left leg.

The initial review was performed on 05/07/12. The reviewer denied the medication reporting Trazodone is being prescribed for insomnia. He reports medical records do not establish diagnosis of insomnia to warrant this medication. The reviewer further notes the records do not establish how long the patient has been taking Trazodone and whether or not the patient has been counseled on nonpharmacologic methods. On 05/24/12 the appeal request was reviewed and denied. The reviewer notes there is no recent reevaluation to account for symptoms of depression that still need to be addressed, a more comprehensive and recent history to account for severity of pain at present and to establish any remaining deficits which may warrant continuation of this medication. The reviewer notes tricyclic antidepressants are considered the first line of treatment for chronic pain unless they are ineffective, poorly tolerated, or contraindicated. The reviewer noted there is no evidence that the claimant has failed a trial of this first line of agents.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION:

The available medical record indicates that this claimant sustained trauma to her left knee as result of work place activity. She has had chronic intractable pain for which she has undergone multiple interventional procedures without substantive improvement. She had stellate ganglion blocks without evidence of pain relief. She underwent peripheral nerve stimulation, which does not appear to have been any substantive benefit and had paradoxical reaction to trial of spinal cord stimulation. The data as provided clearly questions the diagnosis of complex regional pain syndrome. The submitted clinical records do not provide any data to establish if the claimant is actively receiving treatment for depression. The record contains no data regarding serial BDI evaluations to assess potential benefit of this medication. As previously noted tricyclic antidepressants are considered first line treatment for chronic pain syndromes, and the records provide no data to establish the claimant has ever been tried on this class of medication. Therefore, based on clinical information provided and noting multiple recommendations for discontinuation of Trazodone in the past, the reviewer finds that medical necessity does not exist for Trazodone 150mg daily, Lumbar Spine.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

☐ **ACOEM-AMERICA COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE**

☐ **AHCPR-AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES**

☐ **DWC-DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES**

☐ **EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN**

☐ **INTERQUAL CRITERIA**

☒ **MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**

☐ **MERCY CENTER CONSENSUS CONFERENCE GUIDELINES**

☐ **MILLIMAN CARE GUIDELINES**

☒ **ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**

☐ **PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR**

☐ **TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS**

☐ **TEXAS TACADA GUIDELINES**

☐ **TMF SCREENING CRITERIA MANUAL**

☐ **PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)**

☐ **OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**